

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**
 Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4
 2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes
 2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

1004

x5 ☐ ALL

Mark (X) all that apply.

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to 3a
 2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?**

1044

Mark (X) only one.

- 1 ☐ Already had a job
 2 ☐ Temporary illness
 3 ☐ School
 4 ☐ Other — Specify

- 3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

1046

- 1 ☐ Yes — Mark "55" on ISS
 2 ☐ No — SKIP to 9a, page 4

- b. In which of the months shown on this calendar did . . . do that work?**

1048

1050

1052

1054

- 1 ☐ Last month
 2 ☐ 2 months ago
 3 ☐ 3 months ago
 4 ☐ 4 months ago

SKIP to 9a, page 4

Mark (X) all that apply.

- 4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**
Note that the person did not have to work each week.

1056

- 1 ☐ Yes
 2 ☐ No — SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes
 2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

1060

x5 ☐ ALL

Mark (X) all that apply.

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?**

1098

Mark (X) only one.

- 1 ☐ On layoff
 2 ☐ Own illness
 3 ☐ On vacation
 4 ☐ Bad weather
 5 ☐ Labor dispute
 6 ☐ New job to begin within 30 days
 7 ☐ Other — Specify

 SKIP
 to
 8a,
 page
 4

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No — SKIP to 7a

c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason ... was absent from ...'s job or business during those weeks?

Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other — Specify

7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No — SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1178 x5 ☐ All weeks without a job

1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18

c. Could ... have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes — Skip to 7e
2 ☐ No

d. What was the main reason ... could not take a job during those weeks?

Mark (X) only one.

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other — Specify

e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?

1220 1 ☐ Yes — Mark "55" on ISS
2 ☐ No — SKIP to 8a, page 4

f. In which of the months shown on this calendar did ... do that work?

Mark (X) all that apply.

1222 1 ☐ Last month
1224 2 ☐ 2 months ago
1226 3 ☐ 3 months ago
1228 4 ☐ 4 months ago

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

1230 Hours per week
x3 ☐ None } SKIP to 9a
x1 ☐ DK }

**CHECK
ITEM R3**

Refer to item 8a.

Did . . . usually work 35 or more hours per week?

1231 1 ☐ Yes
2 ☐ No — SKIP to 8c

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.

1232 1 ☐ Yes
2 ☐ No — SKIP to 9a

c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?

1233 x5 ☐ All weeks
1234 Weeks Last month
1235 Weeks 2 months ago
1236 Weeks 3 months ago
1237 Weeks 4 months ago

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

1238 1 ☐ Could not find a full-time job
2 ☐ Wanted to work part time
3 ☐ Health condition or disability
4 ☐ Normal working hours are fewer than 35 hours
5 ☐ Slack work or material shortage
6 ☐ Other — Specify _____

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

1240 1 ☐ Yes — Mark "5" on ISS
2 ☐ No — SKIP to Check Item R4

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

1242 1 ☐ Yes — Mark "6" on ISS
2 ☐ No

**CHECK
ITEM R4**

Is "Worked" (code 170) marked on the ISS?

1244 1 ☐ Yes
2 ☐ No — SKIP to Check Item R5

10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

1246 1 ☐ Yes — Mark "10" on ISS
2 ☐ No

**CHECK
ITEM R5**

Refer to cc items 32a and 32c.

Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)

1330 1 ☐ Yes
2 ☐ No — SKIP to Check Item R6

11a. How long did . . . serve on active duty in the Armed Forces?

1332 1 ☐ Less than 6 months
2 ☐ 6 to 23 months
3 ☐ 2 to 19 years
4 ☐ 20 or more years
x1 ☐ DK

b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?

1334 1 ☐ Yes
2 ☐ No } SKIP to 11d
x1 ☐ DK }

c. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)

1336 Percent } Mark "200" on ISS if rating is 100%; Otherwise, mark "201"
x3 ☐ 0%
x1 ☐ DK
x2 ☐ Ref.
101 ☐ No rating

d. During this 4-month period did . . . receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds and GI Bill benefits.)

1338 1 ☐ Yes — Mark "8" on ISS
2 ☐ No

**CHECK
ITEM R6**

Refer to cc item 24.

Is . . . 18 years of age or older?

1340 1 ☐ Yes
2 ☐ No — SKIP to 15a

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

12a. During this 4-month period, did . . . receive any Social Security payments?	1342 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R8
b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	1344 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
c. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1346 1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
CHECK ITEM R7 Is "Disabled" marked in item 12b or 12c above?	1348 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
12d. At what age did . . . begin receiving Social Security because of (his/her) disability?	1349 <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> Age in years } SKIP to 13a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R8 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
12e. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?	1352 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
13a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9
b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R9 Refer to cc item 24. Is . . . 40 years of age or older?	1358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
14a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
b. During the 4-month period did . . . receive any retirement income other than Social Security?	1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
c. What kind of retirement income? Anything else? Mark (X) all that apply.	1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS. 1380 <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div>
d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R10 Refer to cc item 24. Is . . . 70 years of age or older?	1384 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R11 x1 <input type="checkbox"/> DK

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 ☐ Black Lung benefits — Mark "9" on ISS
- 1394** 3 ☐ Worker's Compensation — Mark "10" on ISS
- 1396** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 ☐ Pension from company or union — Mark "30" on ISS
- 1400** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** 8 ☐ State government pension — Mark "34" on ISS
- 1408** 9 ☐ Local government pension — Mark "35" on ISS
- 1410** 10 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412** ☐ ☐

CHECK ITEM R11

Refer to cc item 26a.
What is ...'s marital status?

- 1414** 1 ☐ Married — SKIP to 17
- 2 ☐ Widowed — SKIP to 19a
- 3 ☐ Divorced
- 4 ☐ Separated
- 5 ☐ Never married — SKIP to Check Item R12

16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 ☐ No } SKIP to Check Item R12
- x1 ☐ DK
- x2 ☐ Ref.

17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

- 1418** 1 ☐ Widowed — SKIP to 19a
- 2 ☐ Divorced
- 3 ☐ Both widowed and divorced
- 4 ☐ No — SKIP to Check Item R15

CHECK ITEM R12

Refer to cc items 24, 25, and 27.
Is ... the parent or guardian of children under 21 years old who live in this household?

- 1420** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R13

18. Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** 1 ☐ Yes — Mark "28" on ISS
- 2 ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

CHECK ITEM R13

Is "Both widowed and divorced" (box 3) marked in item 17?

- 1424** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R15

19a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?

- 1426** 1 ☐ Yes
- 2 ☐ No } SKIP to Check Item R15
- x1 ☐ DK

b. What kind of income was this?

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430** 2 ☐ Veterans Compensation or pension — Mark "8" on ISS
- 1432** 3 ☐ Black Lung benefits — Mark "9" on ISS
- 1434** 4 ☐ Pension from company or union — Mark "30" on ISS
- 1436** 5 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438** 6 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440** 7 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442** 8 ☐ State government pension — Mark "34" on ISS
- 1444** 9 ☐ Local government pension — Mark "35" on ISS
- 1446** 10 ☐ Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448** 11 ☐ Payments from estate or trust — Mark "37" on ISS
- 1450** 12 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452** ☐ ☐

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans Compensation or pension" (box 2) marked in item 19b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R15</i>
19c.	Did ...'s late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is ... 65 years of age or older?	1458	1 <input type="checkbox"/> Yes — <i>SKIP to 20a</i> 2 <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 5. Does ... have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R17</i>
20a.	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was ... covered by Medicare?	1462	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No } <i>SKIP to Check Item R17</i> x1 <input type="checkbox"/> DK }
b.	May I see ...'s Medicare card to record the claim number and type of coverage? ★	1464	<input type="text"/> - <input type="text"/> - 1466 <input type="text"/> - 1467 <input type="text"/>
		1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available — ASK 20c } <i>SKIP to Check Item R17</i>
c.	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item R19</i> 2 <input type="checkbox"/> No
CHECK ITEM R18	Refer to cc item 24. Is ... 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 24a</i>
CHECK ITEM R19	Interview status of ...'s spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 23a</i>
21.	Was ... (or ...'s spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
22a.	During the 4-month period, did ... receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 23a</i>
b.	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or DK, enter code "24" — Mark ISS <input type="text"/>
	(Refer to FLASHCARD M for Medicaid name.)	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
23a.	During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?		
CHECK ITEM R20	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R21</i>
23b.	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R21</i>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

23c. Which children were covered?

1510	x5 <input type="checkbox"/> All children	OR	Person No.	Name
1512				
1514				
1516				
1518				
1520				

**CHECK
ITEM R21**

Was ... or any of ...'s children under 18 years old covered by Medicaid?

1524	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No — SKIP to 24a

23d. Was .../(and) ...'s children) covered during the entire 4-month period?

1526	1 <input type="checkbox"/> Yes — SKIP to 24a
	2 <input type="checkbox"/> No

e. In which months was .../(and) ...'s children) covered?

Mark (X) all that apply.

1528	1 <input type="checkbox"/> Last month
1530	2 <input type="checkbox"/> 2 months ago
1532	3 <input type="checkbox"/> 3 months ago
1534	4 <input type="checkbox"/> 4 months ago

24a. Was ... covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)

1536	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No — SKIP to Check Item R22

ASK OR VERIFY —

b. Was ... covered by a health insurance plan during the entire 4-month period?

1538	1 <input type="checkbox"/> Yes — SKIP to 24d
	2 <input type="checkbox"/> No

c. In which months was ... covered?

Mark (X) all that apply.

1540	1 <input type="checkbox"/> Last month
1542	2 <input type="checkbox"/> 2 months ago
1544	3 <input type="checkbox"/> 3 months ago
1546	4 <input type="checkbox"/> 4 months ago

d. Was ...'s health insurance coverage from a plan in ...'s own name (primary policy holder), or was ... covered as a family member on someone else's plan?

1547	1 <input type="checkbox"/> Plan in own name — SKIP to 24f
	2 <input type="checkbox"/> Someone else's plan
	3 <input type="checkbox"/> Both — SKIP to 24f

e. Whose plan covered ...?

Household member
Person No. Name

1548	
	x4 <input type="checkbox"/> Not a Household member

SKIP
to
Check
Item
R22

f. Was ...'s policy obtained through ...'s current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?

1549	1 <input type="checkbox"/> Current employer or union
	2 <input type="checkbox"/> Former employer
	3 <input type="checkbox"/> CHAMPUS
	4 <input type="checkbox"/> CHAMPVA
	5 <input type="checkbox"/> Military
	6 <input type="checkbox"/> Other
	x1 <input type="checkbox"/> DK

SKIP to 24h

g. Did ...'s employer or union (former employer) pay all, part, or none of the cost of this plan?

1550	1 <input type="checkbox"/> All
	2 <input type="checkbox"/> Part
	3 <input type="checkbox"/> None

h. Was ...'s plan an individual plan or a family plan?

1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R22
	2 <input type="checkbox"/> Family

i. Other than ..., which persons in this household were covered by ...'s plan? (Include children as well as adults.)

1554	x5 <input type="checkbox"/> All persons	Person No.	Name
1556			
1558			
1560			
1562			
1564			
1566	x3 <input type="checkbox"/> None		

j. Did ...'s plan cover anyone who did not live in this household during the past 4 months?

Mark (X) all that apply.

1567	1 <input type="checkbox"/> Yes, spouse
1568	2 <input type="checkbox"/> Yes, child(ren)
1569	3 <input type="checkbox"/> Yes, someone else
1570	4 <input type="checkbox"/> No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)																										
CHECK ITEM R22	Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years old who live in this household?	1572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 25																								
ASK OR VERIFY — 24k. Were all of . . . 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)		1574 1 <input type="checkbox"/> Yes — SKIP to 24m 2 <input type="checkbox"/> No																								
l. Which children were covered by a health insurance plan?		<table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td>1575</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1576</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1577</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1578</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1579</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3">OR</td></tr><tr><td>1580</td><td colspan="2">x3 <input type="checkbox"/> None — SKIP to 25</td></tr></tbody></table>		Person No.	Name	1575	<input type="text"/>	<input type="text"/>	1576	<input type="text"/>	<input type="text"/>	1577	<input type="text"/>	<input type="text"/>	1578	<input type="text"/>	<input type="text"/>	1579	<input type="text"/>	<input type="text"/>	OR			1580	x3 <input type="checkbox"/> None — SKIP to 25	
	Person No.	Name																								
1575	<input type="text"/>	<input type="text"/>																								
1576	<input type="text"/>	<input type="text"/>																								
1577	<input type="text"/>	<input type="text"/>																								
1578	<input type="text"/>	<input type="text"/>																								
1579	<input type="text"/>	<input type="text"/>																								
OR																										
1580	x3 <input type="checkbox"/> None — SKIP to 25																									
m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?		1581 1 <input type="checkbox"/> Yes — Which children? <table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td>1582</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1583</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1584</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1585</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1586</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>1587</td><td colspan="2">2 <input type="checkbox"/> No</td></tr></tbody></table>		Person No.	Name	1582	<input type="text"/>	<input type="text"/>	1583	<input type="text"/>	<input type="text"/>	1584	<input type="text"/>	<input type="text"/>	1585	<input type="text"/>	<input type="text"/>	1586	<input type="text"/>	<input type="text"/>	1587	2 <input type="checkbox"/> No				
	Person No.	Name																								
1582	<input type="text"/>	<input type="text"/>																								
1583	<input type="text"/>	<input type="text"/>																								
1584	<input type="text"/>	<input type="text"/>																								
1585	<input type="text"/>	<input type="text"/>																								
1586	<input type="text"/>	<input type="text"/>																								
1587	2 <input type="checkbox"/> No																									
25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?		1624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a																								
26. Did . . . have any — a. Regular or passbook savings accounts?		1626 1 <input type="checkbox"/> Yes — Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
b. Money market deposit accounts?		1628 1 <input type="checkbox"/> Yes — Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
c. Certificates of deposit or other savings certificates?		1630 1 <input type="checkbox"/> Yes — Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
d. Interest-earning checking accounts (such as NOW or Super NOW accounts)?		1632 1 <input type="checkbox"/> Yes — Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																								
27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)		1634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28																								
(SHOW FLASHCARD N) b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401K accounts.) Mark (X) all that apply.		<table><tbody><tr><td>1636</td><td>1 <input type="checkbox"/> Money market funds — Mark "104" on ISS</td></tr><tr><td>1638</td><td>2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS</td></tr><tr><td>1640</td><td>3 <input type="checkbox"/> Municipal or corporate bonds — Mark "106" on ISS</td></tr><tr><td>1642</td><td>4 <input type="checkbox"/> Mortgages — Mark "130" on ISS</td></tr><tr><td>1644</td><td>5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS</td></tr><tr><td>1646</td><td>6 <input type="checkbox"/> Other — Specify and mark "107" on ISS ↓</td></tr></tbody></table>	1636	1 <input type="checkbox"/> Money market funds — Mark "104" on ISS	1638	2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS	1640	3 <input type="checkbox"/> Municipal or corporate bonds — Mark "106" on ISS	1642	4 <input type="checkbox"/> Mortgages — Mark "130" on ISS	1644	5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS	1646	6 <input type="checkbox"/> Other — Specify and mark "107" on ISS ↓												
1636	1 <input type="checkbox"/> Money market funds — Mark "104" on ISS																									
1638	2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS																									
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1644	5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS																									
1646	6 <input type="checkbox"/> Other — Specify and mark "107" on ISS ↓																									

Section 1 — LABOR FORCE AND RECEIPIENCY (Continued)

28. During the 4-month period did . . . have any — (Exclude IRA, Keogh, and 401k accounts.) a. Stocks or mutual fund shares?	1648 1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
b. Rental property?	1650 1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
c. Royalties?	1652 1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?	1654 1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)	1656 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R23
b. During which months was . . . enrolled? Mark (X) all that apply.	1658 1 <input type="checkbox"/> All months 1660 2 <input type="checkbox"/> Last month 1662 3 <input type="checkbox"/> 2 months ago 1664 4 <input type="checkbox"/> 3 months ago 1666 5 <input type="checkbox"/> 4 months ago
c. At what level or grade was . . . enrolled? (If enrolled at more than one level during this period, check most recent level.)	1668 1 <input type="checkbox"/> Elementary grades 1—8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9—12 } Item R23 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school
30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?	1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R23
b. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.	1672 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS 1674 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS 1676 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS 1678 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS 1682 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS 1684 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS 1686 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS 1688 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS 1690 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS 1692 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS
CHECK ITEM R23 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	1694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R24
31. Is . . . 's spouse in the Armed Forces?	1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK
ITEM R24

Are any codes (excluding 171–173, 200, and 201) marked on the ISS?

1698

- 1 ☐ Yes
2 ☐ No – SKIP to 33a

32a. You said that during the 4-month period . . . received income from — (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?

1700

- 1 ☐ Yes
2 ☐ No – Probe and resolve (Make corrections to ISS if necessary)

b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?

1702

- 1 ☐ Yes – SKIP to 33b
2 ☐ No – SKIP to Check Item E1, page 13

33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?

1704

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item P1, page 45

b. What kind of income did . . . receive? Anything else?

Enter codes from income source list and mark ISS.

1706

1708

1710

NOTES

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT

CHECK ITEM E1

Is "Worked" (code 170) marked on ISS?

1712

- 1 ☐ Yes
2 ☐ No — *SKIP to First ISS Code marked or Check Item P1, page 45*

1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?
(Include unpaid worker in family business or farm as working for an employer.)

1714

- 1 ☐ Worked for employer only
2 ☐ Self-employed only — *SKIP to Statement B, page 18*
3 ☐ Both worked for employer and self-employed

b. How many different employers did . . . work for during this 4-month period?

1716

- 1 ☐ 1 employer
2 ☐ 2 employers
3 ☐ 3 or more employers

CHECK ITEM E2

Is "Both worked for employer and self-employed" (box 3) marked in item 1a?

1718

- 1 ☐ Yes
2 ☐ No — *SKIP to 2a*

STATEMENT A

. . . worked for an employer and was also self-employed. The first questions will be about . . . 's work for an employer.

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period?
(If worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)

PGM 8

Employer name

2000

CHECK ITEM E3

Enter number "1" for this employer in box. →

PGM 8

Employer I.D. No.

2002

2b. What kind of business or industry was (Name of company or business)?
For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2005

ASK OR VERIFY —

c. Is it mainly —

PGM 8

2006

- 1 ☐ Manufacturing?
2 ☐ Wholesale Trade?
3 ☐ Retail Trade?
4 ☐ Some other kind of business?

d. What kind of work was . . . doing on this job?
For example: Electrical engineer, stock clerk, typist, farmer

PGM 8

2008

e. What were . . . 's main activities or duties on this job?
For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2010

ASK OR VERIFY —

f. Was . . . an employee of —

PGM 8

2012

- 1 ☐ A private for-profit company or individual?
2 ☐ A private not-for-profit, tax exempt, or charitable organization?
3 ☐ Federal government (exclude Armed Forces)?
4 ☐ State government?
5 ☐ Local government?
6 ☐ Armed Forces?
7 ☐ Unpaid in family business or farm?

ASK OR VERIFY —

3a. Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2014

- 1 ☐ Yes — SKIP to 4
2 ☐ No

b. When was . . . employed by (Name of employer) during this 4-month period?

2016

FROM Month Day

2020

TO Month Day

CHECK ITEM E3.1

Did . . . stop working for this employer during the reference period?

2023

- 1 ☐ Yes
2 ☐ No — SKIP to 4

3c. What is the main reason . . . stopped working for (Name of employer)?
Mark (X) only one

2024

- 1 ☐ Laid off
2 ☐ Retired
3 ☐ Discharged
4 ☐ Job was temporary and ended
5 ☐ Quit to take another job
6 ☐ Quit for some other reason

ASK OR VERIFY —

4. How many hours per week did . . . usually work at this job?

2025

Hours

- x3 ☐ None
x1 ☐ DK

5. Was . . . paid by the hour on this job?

2026

- 1 ☐ Yes
2 ☐ No — SKIP to 7a

6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?

2028

\$

- x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item E5

7a. During the 4-month period how often was . . . paid on this job?

2029

- 1 ☐ Once a week
2 ☐ Once each 2 weeks
3 ☐ Once a month
4 ☐ Twice a month
5 ☐ Unpaid in family business or farm — SKIP to Check Item E5
6 ☐ Some other way — Specify _____

b. On what date was . . . last paid during this 4-month period?

2030

Month

2031

Day

- x1 ☐ DK
x2 ☐ Ref.

- x1 ☐ DK
x2 ☐ Ref.

Section 2 — EARNINGS AND EMPLOYMENT (Continued)			
Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)			
8a. READ STATEMENT ONLY ONCE PER RESPONDENT The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions. What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)? FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.) NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. ★	LAST MONTH 2032 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	INTERVIEWER USE ONLY \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 Total \$ <input type="text"/> .00	
	2 MONTHS AGO 2034 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 Total \$ <input type="text"/> .00	
	3 MONTHS AGO 2036 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 Total \$ <input type="text"/> .00	
	4 MONTHS AGO 2038 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 \$ <input type="text"/> .00 Total \$ <input type="text"/> .00	
CHECK ITEM E4	Is "DK" marked in all parts of item 8a?	2040 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a	
8b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)	2042 1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 3a 2 <input type="checkbox"/> No		
9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	2044 1 <input type="checkbox"/> Yes — SKIP to Check Item E5 2 <input type="checkbox"/> No		
b. Is (was) . . . covered by a union or employee association contract?	2046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
CHECK ITEM E5	Number of employers in item 1b, page 13?	2048 1 <input type="checkbox"/> 1 employer — SKIP to Check Item E8, page 17 2 <input type="checkbox"/> 2 or more employers	

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8	Employer name
	2100	
CHECK ITEM E6 Enter number "2" for this employer in box. →	PGM 8	Employer I.D. No.
	2102	
10b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8	
	2105	
ASK OR VERIFY — c. Is it mainly —	PGM 8	<input type="checkbox"/> 1 Manufacturing? <input type="checkbox"/> 2 Wholesale Trade? <input type="checkbox"/> 3 Retail Trade? <input type="checkbox"/> 4 Some other kind of business?
	2106	
d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer	PGM 8	
	2108	
e. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8	
	2110	
ASK OR VERIFY — f. Was . . . an employee of —	PGM 8	<input type="checkbox"/> 1 A private for-profit company or individual? <input type="checkbox"/> 2 A private not-for-profit, tax exempt, or charitable organization? <input type="checkbox"/> 3 Federal government (exclude Armed Forces)? <input type="checkbox"/> 4 State government? <input type="checkbox"/> 5 Local government? <input type="checkbox"/> 6 Armed Forces? <input type="checkbox"/> 7 Unpaid in family business or farm?
	2112	
ASK OR VERIFY — 11a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7	<input type="checkbox"/> 1 Yes — SKIP to 12 <input type="checkbox"/> 2 No
	2114	
b. When was . . . employed by (Name of employer) during this 4-month period?	2116	FROM Month Day
	2120	TO Month Day
CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?	2123	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 12
11c. What is the main reason . . . stopped working for (name of employer)?	2124	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Laid off <input type="checkbox"/> 2 Retired <input type="checkbox"/> 3 Discharged <input type="checkbox"/> 4 Job was temporary and ended </div> <div> <input type="checkbox"/> 5 Quit to take another job <input type="checkbox"/> 6 Quit for some other reason </div> </div>
ASK OR VERIFY — 12. How many hours per week did . . . usually work at this job?	2125	 Hours <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK
13. Was . . . paid by the hour on this job?	2126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 15a
14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?	2128	\$ <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. — SKIP to Check Item E8
15a. During the 4-month period how often was . . . paid on this job?	2129	<input type="checkbox"/> 1 Once a week <input type="checkbox"/> 2 Once each 2 weeks <input type="checkbox"/> 3 Once a month <input type="checkbox"/> 4 Twice a month <input type="checkbox"/> 5 Unpaid in family business or farm — SKIP to Check Item E8 <input type="checkbox"/> 6 Some other way — Specify _____
b. On what date was . . . last paid during this 4-month period?	2130	 Month Day <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref.
	2131	<input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref.

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2(Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received **BEFORE** deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2132 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2134 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2136 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2138 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK
ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 ☐ Yes
2 ☐ No — SKIP to 17a

16b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2142 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 3b
2 ☐ No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2144 1 ☐ Yes — SKIP to Check Item E8
2 ☐ No

b. Is (was) . . . covered by a union or employee association contract?

2146 1 ☐ Yes
2 ☐ No

CHECK
ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

2148 1 ☐ Yes — Read Statement B
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

STATEMENT B You said . . . was (also) self-employed during this 4-month period.

1 a. What was the name of . . . 's business/professional practice/farm?

(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name

2200

CHECK ITEM S1

Enter number "1" for this business in box. →

PGM 8

Business I.D. No.

2201

1 b. What kind of business was this?

PGM 8

2204

ASK OR VERIFY —

c. Is it mainly —

PGM 8

2206

1 ☐ Manufacturing?

2 ☐ Wholesale Trade?

3 ☐ Retail Trade?

4 ☐ Some other kind of business?

d. What kind of work was . . . doing on this job?

PGM 8

2208

e. What were . . . 's most important activities or duties on this job?

PGM 8

2210

ASK OR VERIFY —

f. How many hours per week did . . . usually work at this business?

PGM 7

2212

Hours

x3 ☐ None

x1 ☐ DK

2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

Gross earnings include sales and receipts before expenses.

2214

1 ☐ Yes

2 ☐ No — SKIP to 10

x1 ☐ DK

CHECK ITEM S2

Have questions 3—5b already been answered for this business by another household member?

2216

1 ☐ Yes — SKIP to 6a

2 ☐ No

3. What was the total number of employees working for this business? Be sure to include . . .

Enter 999 if 1,000 or more employees.

2218

Employees

x1 ☐ DK

4 a. Was . . . 's business incorporated?

2220

1 ☐ Yes — SKIP to 5a

2 ☐ No

b. Was . . . 's business a sole proprietorship or a partnership?

2222

1 ☐ Sole proprietorship — SKIP to 6a

2 ☐ Partnership

5 a. Aside from . . . were any other members of this household owners or partners in this business?

2224

1 ☐ Yes

2 ☐ No — SKIP to 6a

b. Which members?

Person No.

Name

2226

2228

2230

6 a. Was . . . paid a regular salary from this business during the 4-month period?

2232

1 ☐ Yes

2 ☐ No

b. Did . . . receive any (other) income from the business during this 4-month period?

2234

1 ☐ Yes

2 ☐ No

CHECK ITEM S3

Is "Yes" marked in either item 6a or 6b?

2236

1 ☐ Yes

2 ☐ No — SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)		
Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)		
<div>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</div> <div>The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</div> <div>What was the total amount of income that . . . received from this business in (Read each month)?</div> <div>★</div>	<div>LAST MONTH</div> <div>2238 \$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>INTERVIEWER USE ONLY</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>TOTAL \$.00</div>
	<div>2 MONTHS AGO</div> <div>2240 \$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>TOTAL \$.00</div>
	<div>3 MONTHS AGO</div> <div>2242 \$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>TOTAL \$.00</div>
	<div>4 MONTHS AGO</div> <div>2244 \$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	<div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>\$.00</div> <div>TOTAL \$.00</div>
	<div>CHECK ITEM S4</div> <div>Is "DK" marked in all parts of item 7?</div>	<div>2246</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to Check Item S5</div>
<div>8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)</div>	<div>2248</div> <div>1 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 4a</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S5</div> <div>Refer to item 4a, page 18.</div> <div>Is this business incorporated?</div>	<div>2250</div> <div>1 <input type="checkbox"/> Yes — SKIP to 11</div> <div>2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S6</div> <div>Has information about the net profit (or loss) for this business already been obtained by another household member?</div>	<div>2252</div> <div>1 <input type="checkbox"/> Yes — SKIP to 11</div> <div>2 <input type="checkbox"/> No</div>	
<div>9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?</div>	<div>2254</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 11</div>	
<div>b. What was the net profit or loss?</div> <div>If "broke even," mark \$1 in box.</div>	<div>2256 \$. 00</div> <div>2258 x4 <input type="checkbox"/> Loss in amount box</div> <div>} SKIP to 11</div>	
<div>10. About how much did . . . earn from this business after expenses during the 4-month period?</div>	<div>2260 \$. 00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
<div>11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</div>	<div>2262</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 45</div>	

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

12a. What was the name of . . . 's other business/ professional practice/farm?

(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8

Business name

2300

**CHECK
ITEM S7**

Enter number "2" for this business in box. →

PGM 8

Business I.D. No.

2301

PGM 8

2304

12b. What kind of business was this?

ASK OR VERIFY —

c. Is it mainly —

PGM 8

2306

1 ☐ Manufacturing?

2 ☐ Wholesale Trade?

3 ☐ Retail Trade?

4 ☐ Some other kind of business?

d. What kind of work was . . . doing on this job?

PGM 8

2308

e. What were . . . 's most important activities or duties on this job?

PGM 8

2310

f. How many hours per week did . . . usually work at this business?

PGM 7

2312

Hours

x3 ☐ None

x1 ☐ DK

13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

Gross earnings include sales and receipts before expenses.

2314

1 ☐ Yes

2 ☐ No — SKIP to 21

x1 ☐ DK

**CHECK
ITEM S8**

Have questions 14—16b already been answered for this business by another household member?

2316

1 ☐ Yes — SKIP to 17a

2 ☐ No

14. What was the total number of employees working for this business? Be sure to include . . .

Enter 999 if 1,000 or more employees.

2318

Employees

x1 ☐ DK

15a. Was . . . 's business incorporated?

2320

1 ☐ Yes — SKIP to 16a

2 ☐ No

b. Was . . . 's business a sole proprietorship or a partnership?

2322

1 ☐ Sole proprietorship — SKIP to 17a

2 ☐ Partnership

16a. Aside from . . . were any other members of this household owners or partners in this business?

2324

1 ☐ Yes

2 ☐ No — SKIP to 17a

b. Which members?

Person No.

Name

2326

2328

2330

17a. Was . . . paid a regular salary from this business during the 4-month period?

2332

1 ☐ Yes

2 ☐ No

b. Did . . . receive any (other) income from the business during this 4-month period?

2334

1 ☐ Yes

2 ☐ No

**CHECK
ITEM S9**

Is "Yes" marked in either item 17a or 17b?

2336

1 ☐ Yes

2 ☐ No — SKIP to Check Item S11

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



LAST MONTH

2338

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

INTERVIEWER
USE ONLY

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

2 MONTHS AGO

2340

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

3 MONTHS AGO

2342

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

4 MONTHS AGO

2344

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

TOTAL \$.00

CHECK
ITEM S10

Is "DK" marked in all parts of item 18?

2346

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item S11

19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2348

- 1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 4b
2 ☐ No

CHECK
ITEM S11

Refer to item 15a, page 20.

Is this business incorporated?

2350

- 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45
2 ☐ No

CHECK
ITEM S12

Has information about the net profit (or loss) for this business already been obtained by another household member?

2352

- 1 ☐ Yes — SKIP to first ISS Code or Check Item P1, page 45
2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business during the 4-month period?

2354

- 1 ☐ Yes
2 ☐ No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit or loss?

If "broke even," mark \$1 in box.

2356

\$. 00

2358

x4 ☐ Loss in amount box

SKIP to first
ISS Code or
Check Item
P1, page 45

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$. 00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

SKIP to first
ISS Code or
Check Item
P1, page 45

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.

(Read "was authorized to receive" if asking about Food Stamps — code 27.)

Income code

Name of income type

3000

CHECK ITEM A1

Mark (X) income type code.

3002

- 1 ☐ ISS code 1 or 2 (SS or RR)
 2 ☐ ISS code 25 (WIC) — SKIP to 13a, page 24
 3 ☐ ISS code 27 (Food Stamps) — SKIP to 11a, page 24
 4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4
 5 ☐ Other ISS codes — SKIP to 5a

CHECK ITEM A2

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3004

- 1 ☐ Yes
 2 ☐ No — SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?

3006

- 1 ☐ Yes
 2 ☐ No — SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3008

- 1 ☐ Yes
 2 ☐ No — SKIP to 9a

CHECK ITEM A3

Is . . . married?

3010

- 1 ☐ Yes
 2 ☐ No — SKIP to 5a

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?

3012

- 1 ☐ Yes
 2 ☐ No — SKIP to 5a

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?

3014

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
 2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.

5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

3016

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3018

\$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(2 months ago)

3020

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3022

\$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(3 months ago)

3024

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3026

\$. 00
 x1 ☐ DK
 x2 ☐ Ref.

(4 months ago)

3028

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3030

\$. 00
 x1 ☐ DK
 x2 ☐ Ref.

CHECK ITEM A5

Mark (X) income type code.

3032

- 1 ☐ ISS code 1 or 2 — SKIP to 8a
 2 ☐ ISS code 8 or 20 through 24
 3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

3034

- 1 ☐ Yes — SKIP to Check Item A6
 2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
6b. Which persons were covered?	Person No.	Name
	3036	
	3038	
	3040	
	3042	
	3044	
	3046	
	3048	
	3050	
	3052	
	3054	
CHECK ITEM A6 Is this ISS code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
7a. What type of Veterans' payments did . . . receive?	3058	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } SKIP to next ISS Code or Check Item P1, page 45 </div>
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.) (SHOW FLASHCARD O)	3064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?	3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7 Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)	3070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
9b. If "Yes" in item 9a — How much was received?	3072	\$ <input style="width: 100px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3076	\$ <input style="width: 100px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3080	\$ <input style="width: 100px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3084	\$ <input style="width: 100px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments? VERIFY IF ONLY ONE CHILD OR ASK —	3086	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<input type="text"/>
3090	<input type="text"/>	<input type="text"/>
3092	<input type="text"/>	<input type="text"/>
3094	<input type="text"/>	<input type="text"/>
3096	<input type="text"/>	<input type="text"/>
3098	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?

3100 1 ☐ Yes — SKIP to 12a
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3122 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3126 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3130 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3134 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12b. If "Yes" in item 12a, ask — What was the total amount?

3124 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3128 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3132 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3136 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3138 1 ☐ Last month
3140 2 ☐ 2 months ago
3142 3 ☐ 3 months ago
3144 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3146	<input type="text"/>	<input type="text"/>
3148	<input type="text"/>	<input type="text"/>
3150	<input type="text"/>	<input type="text"/>
3152	<input type="text"/>	<input type="text"/>
3154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>		Income code <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Name of income type <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>
CHECK ITEM A1	Mark (X) income type code.	3200	
		3202 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 27</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
		3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
		3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>	
CHECK ITEM A3	Is . . . married?	3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>	
		3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	3214 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No	
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).	
(Last month)		3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3218 <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-left: 5px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)		3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3222 <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-left: 5px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)		3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3226 <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-left: 5px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)		3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3230 <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-left: 5px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5	Mark (X) income type code.	3232 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i>	
6a. Were all the people living here covered by . . . 's payments?		3234 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No	
NOTES			

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

6b. Which persons were covered?

Person No. Name

3236

3238

3240

3242

3244

3246

3248

3250

3252

3254

**CHECK
ITEM A6**

Is this ISS code "8"?

3256

- 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or
Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3258

- Service connected
1 ☐ Disability compensation
2 ☐ Survivor benefits
3 ☐ Veterans' pension
4 ☐ Other Veterans' payments

**b. Is . . . required to fill out an annual income
questionnaire in order to receive a VA pension?**

3260

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or
Check Item P1, page 45

(SHOW FLASHCARD O)

**8a. (Social Security/Railroad Retirement) sends out
checks in two different colored envelopes. Please
look at this flashcard and tell me which color
envelope . . . 's check comes in. (Remember, we are
interested in the color of the envelope, not the color
of the check.)**

3264

- 1 ☐ Blue
2 ☐ Buff
3 ☐ Direct Deposit
4 ☐ Other
x1 ☐ DK

**b. Do . . . 's payments usually come on the first of
the month or the third?**

3266

- 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

**CHECK
ITEM A7**

Refer to item 2, page 25.

Were (Social Security/Railroad Retirement)
payments received especially for . . . 's children?

3268

- 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or
Check Item P1, page 45

**9a. Were (Social Security/Railroad Retirement) payments
received for . . . 's children in (Read each month)?**

NOTE — Social Security payments may be adjusted for
inflation each January.

(Last month)

3270

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

**9b. If "Yes" in item 9a — How
much was received?**

3272

\$.00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

3274

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3276

\$.00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

3278

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3280

\$.00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

3282

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3284

\$.00
x1 ☐ DK
x2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

**10a. Were all children living here covered by these
payments?**

3286

- 1 ☐ Yes — SKIP to next ISS Code or
Check Item P1, page 45
2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?

	Person No.	Name
3288	<input type="text"/>	<input type="text"/>
3290	<input type="text"/>	<input type="text"/>
3292	<input type="text"/>	<input type="text"/>
3294	<input type="text"/>	<input type="text"/>
3296	<input type="text"/>	<input type="text"/>
3298	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?

3300 1 ☐ Yes — *SKIP to 12a*
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3302	<input type="text"/>	<input type="text"/>
3304	<input type="text"/>	<input type="text"/>
3306	<input type="text"/>	<input type="text"/>
3308	<input type="text"/>	<input type="text"/>
3310	<input type="text"/>	<input type="text"/>
3312	<input type="text"/>	<input type="text"/>
3314	<input type="text"/>	<input type="text"/>
3316	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3322 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3326 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3330 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3334 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12b. If "Yes" in item 12a, ask — What was the total amount?

3324 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3328 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3332 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3336 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3338 1 ☐ Last month
3340 2 ☐ 2 months ago
3342 3 ☐ 3 months ago
3344 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3346	<input type="text"/>	<input type="text"/>
3348	<input type="text"/>	<input type="text"/>
3350	<input type="text"/>	<input type="text"/>
3352	<input type="text"/>	<input type="text"/>
3354	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.

(Read "was authorized to receive" if asking about Food Stamps — code 27.)

Income code

Name of income type

3400

**CHECK
ITEM A1**

Mark (X) income type code.

3402

- 1 ☐ ISS code 1 or 2 (SS or RR)
 2 ☐ ISS code 25 (WIC) — SKIP to 13a, page 30
 3 ☐ ISS code 27 (Food Stamps) — SKIP to 11a, page 30
 4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4
 5 ☐ Other ISS codes — SKIP to 5a

**CHECK
ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

3404

- 1 ☐ Yes
 2 ☐ No — SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?

3406

- 1 ☐ Yes
 2 ☐ No — SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3408

- 1 ☐ Yes
 2 ☐ No — SKIP to 9a

**CHECK
ITEM A3**

Is . . . married?

3410

- 1 ☐ Yes
 2 ☐ No — SKIP to 5a

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?

3412

- 1 ☐ Yes
 2 ☐ No — SKIP to 5a

**CHECK
ITEM A4**

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?

3414

- 1 ☐ Yes — SKIP to next ISS Code or Check Item P1, page 45
 2 ☐ No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.
 Social Security and SSI payments may be adjusted for inflation each January.

5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

3416

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3418

\$. 00

- x1 ☐ DK
 x2 ☐ Ref.

(2 months ago)

3420

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3422

\$. 00

- x1 ☐ DK
 x2 ☐ Ref.

(3 months ago)

3424

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3426

\$. 00

- x1 ☐ DK
 x2 ☐ Ref.

(4 months ago)

3428

- 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK

3430

\$. 00

- x1 ☐ DK
 x2 ☐ Ref.

**CHECK
ITEM A5**

Mark (X) income type code.

3432

- 1 ☐ ISS code 1 or 2 — SKIP to 8a
 2 ☐ ISS code 8 or 20 through 24
 3 ☐ All other income codes — SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

3434

- 1 ☐ Yes — SKIP to Check Item A6
 2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)					
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)					
6b. Which persons were covered?	Person No.	Name			
	3436				
	3438				
	3440				
	3442				
	3444				
	3446				
	3448				
	3450				
	3452				
3454					
CHECK ITEM A6	Is this ISS code "8"?	3456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45		
7a. What type of Veterans' payments did . . . receive?	3458	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments			
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45			
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3464	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
b. Do . . . 's payments usually come on the first of the month or the third?	3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45		
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)	3470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received? 3472 \$.00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	(2 months ago)	3474		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3476 \$.00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago)	3478		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3480 \$.00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago)	3482		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3484 \$.00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	10a. Were all children living here covered by these payments?	3486		1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?

	Person No.	Name
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?

3500 1 ☐ Yes — *SKIP to 12a*
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation July and October.

(Last month)

3522 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3526 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3530 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3534 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12b. If "Yes" in item 12a, ask — What was the total amount?

3524 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3528 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3532 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3536 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3538 1 ☐ Last month
3540 2 ☐ 2 months ago
3542 3 ☐ 3 months ago
3544 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3546	<input type="text"/>	<input type="text"/>
3548	<input type="text"/>	<input type="text"/>
3550	<input type="text"/>	<input type="text"/>
3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>		Income code <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Name of income type <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
CHECK ITEM A1	Mark (X) income type code.	3600	
CHECK ITEM A2		3602	
Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?		1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 33 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 33 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?		3604	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3			
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		3606	
CHECK ITEM A3		3608	
Is . . . married?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?		3610	
CHECK ITEM A4		3612	
Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a	
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.		5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).	
(Last month)		3616	
(2 months ago)		3618	
(3 months ago)		3620	
(4 months ago)		3622	
CHECK ITEM A5		3624	
Mark (X) income type code.		3626	
6a. Were all the people living here covered by . . . 's payments?		3628	
1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No			
NOTES			

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

6b. Which persons were covered?

Person No. Name

3636

3638

3640

3642

3644

3646

3648

3650

3652

3654

CHECK ITEM A6

Is this ISS code "8"?

3656

- 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or
Check Item P1, page 45

7a. What type of Veterans' payments did . . . receive?

3658

- Service connected
1 ☐ Disability compensation
2 ☐ Survivor benefits
3 ☐ Veterans' pension
4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3660

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or
Check Item P1, page 45

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3664

- 1 ☐ Blue
2 ☐ Buff
3 ☐ Direct Deposit
4 ☐ Other
x1 ☐ DK

b. Do . . . 's payments usually come on the first of the month or the third?

3666

- 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A7

Refer to item 2, page 31.
Were (Social Security/Railroad Retirement)
payments received especially for . . . 's children?

3668

- 1 ☐ Yes
2 ☐ No — SKIP to next ISS Code or
Check Item P1, page 45

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE — Social Security payments may be adjusted
for inflation each January.

(Last month)

3670

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3674

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3678

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3682

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

9b. If "Yes" in item 9a — How much was received?

3672 \$.00
x1 ☐ DK
x2 ☐ Ref.

3676 \$.00
x1 ☐ DK
x2 ☐ Ref.

3680 \$.00
x1 ☐ DK
x2 ☐ Ref.

3684 \$.00
x1 ☐ DK
x2 ☐ Ref.

10a. Were all children living here covered by these payments?

3686

- 1 ☐ Yes — SKIP to next ISS Code or
Check Item P1, page 45
2 ☐ No

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?

	Person No.	Name
3688	<input type="text"/>	<input type="text"/>
3690	<input type="text"/>	<input type="text"/>
3692	<input type="text"/>	<input type="text"/>
3694	<input type="text"/>	<input type="text"/>
3696	<input type="text"/>	<input type="text"/>
3698	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?

3700 1 ☐ Yes — **SKIP to 12a**
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3722 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3726 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3730 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3734 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12b. If "Yes" in item 12a, ask — What was the total amount?

3724 \$. **00**
x1 ☐ DK
x2 ☐ Ref.

3728 \$. **00**
x1 ☐ DK
x2 ☐ Ref.

3732 \$. **00**
x1 ☐ DK
x2 ☐ Ref.

3736 \$. **00**
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3738 1 ☐ Last month
3740 2 ☐ 2 months ago
3742 3 ☐ 3 months ago
3744 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3746	<input type="text"/>	<input type="text"/>
3748	<input type="text"/>	<input type="text"/>
3750	<input type="text"/>	<input type="text"/>
3752	<input type="text"/>	<input type="text"/>
3754	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	<table style="width: 100%;"> <tr> <td style="width: 30%;">Income code</td> <td style="width: 70%;">Name of income type</td> </tr> <tr> <td>3800</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> </table>	Income code	Name of income type	3800	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Income code	Name of income type				
3800	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3802 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 (SS or RR)</div> <div><input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 36</i></div> <div><input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 36</i></div> <div><input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i></div> <div><input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i></div> </div>				
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3804 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to Check Item A3</i></div> </div>				
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?	3806 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to Check Item A3</i></div> </div>				
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3808 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 9a</i></div> </div>				
CHECK ITEM A3 Is . . . married?	3810 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 5a</i></div> </div>				
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	3812 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No – <i>SKIP to 5a</i></div> </div>				
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	3814 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i></div> <div><input type="checkbox"/> No</div> </div>				
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.	5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).				
(Last month)	<table style="width: 100%;"> <tr> <td style="width: 30%;">3816</td> <td style="width: 30%;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td style="width: 40%;"> 3818 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </td> </tr> </table>	3816	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3818 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	
3816	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3818 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>			
(2 months ago)	<table style="width: 100%;"> <tr> <td style="width: 30%;">3820</td> <td style="width: 30%;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td style="width: 40%;"> 3822 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </td> </tr> </table>	3820	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3822 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	
3820	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3822 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>			
(3 months ago)	<table style="width: 100%;"> <tr> <td style="width: 30%;">3824</td> <td style="width: 30%;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td style="width: 40%;"> 3826 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </td> </tr> </table>	3824	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3826 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	
3824	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3826 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>			
(4 months ago)	<table style="width: 100%;"> <tr> <td style="width: 30%;">3828</td> <td style="width: 30%;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div> </td> <td style="width: 40%;"> 3830 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </td> </tr> </table>	3828	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3830 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	
3828	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> DK</div> </div>	3830 \$ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>			
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3832 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i></div> <div><input type="checkbox"/> ISS code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i></div> </div>				
6a. Were all the people living here covered by . . . 's payments?	3834 <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i></div> <div><input type="checkbox"/> No</div> </div>				

NOTES

Section 3 — AMOUNTS (Continued)					
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)					
6b. Which persons were covered?	Person No.	Name			
	3836				
	3838				
	3840				
	3842				
	3844				
	3846				
	3848				
	3850				
	3852				
	3854				
CHECK ITEM A6	Is this ISS code "8"?	3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45			
7a. What type of Veterans' payments did . . . receive?	3858	Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments			
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45			
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
b. Do . . . 's payments usually come on the first of the month or the third?	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
CHECK ITEM A7	Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45			
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)	3870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 3872 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	(2 months ago)	3874		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3876 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago)	3878		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3880 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago)	3882		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3884 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	VERIFY IF ONLY ONE CHILD OR ASK — 10a. Were all children living here covered by these payments?	3886		1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No	

Section 3 — AMOUNTS (Continued)

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

10b. Which children were covered?

	Person No.	Name
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

11a. Were all the people living here covered under ...'s food stamp allotment?

3900 1 ☐ Yes — *SKIP to 12a*
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?

NOTE: Food stamp benefits may be adjusted for inflation in July and October.

(Last month)

3922 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3926 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3930 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3934 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12b. If "Yes" in item 12a, ask — What was the total amount?

3924 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3928 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3932 \$. 00
x1 ☐ DK
x2 ☐ Ref.

3936 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 45

13a. Did ... receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3938 1 ☐ Last month
3940 2 ☐ 2 months ago
3942 3 ☐ 3 months ago
3944 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3946	<input type="text"/>	<input type="text"/>
3948	<input type="text"/>	<input type="text"/>
3950	<input type="text"/>	<input type="text"/>
3952	<input type="text"/>	<input type="text"/>
3954	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

Section 3 — AMOUNTS

Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	<div style="display: flex; justify-content: space-between;"> <div>Income code</div> <div>Name of income type</div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4000 <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> </div>	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4002 <div> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 39</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 39</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes — <i>SKIP to 5a</i> </div> </div> </div>	
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4004 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i> </div> </div> </div>	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4006 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i> </div> </div> </div>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4008 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a</i> </div> </div> </div>	
CHECK ITEM A3 Is . . . married?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4010 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 5a</i> </div> </div> </div>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4012 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 5a</i> </div> </div> </div>	
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4014 <div> 1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No </div> </div> </div>	
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5b. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums). </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> 4018 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> 4022 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> 4026 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4030 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4016 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4018 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4020 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4022 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4024 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4026 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4028 <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4030 <div> \$. 00 </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> </div> </div>	
CHECK ITEM A5 <i>Mark (X) income type code.</i>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4032 <div> 1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to 8a</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> </div> </div>	
6a. Were all the people living here covered by . . . 's payments?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 4034 <div> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No </div> </div> </div>	
NOTES		

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)

6b. Which persons were covered?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Person No.</th><th style="width: 10%;">Name</th></tr> </thead> <tbody> <tr><td>4036</td><td></td></tr> <tr><td>4038</td><td></td></tr> <tr><td>4040</td><td></td></tr> <tr><td>4042</td><td></td></tr> <tr><td>4044</td><td></td></tr> <tr><td>4046</td><td></td></tr> <tr><td>4048</td><td></td></tr> <tr><td>4050</td><td></td></tr> <tr><td>4052</td><td></td></tr> <tr><td>4054</td><td></td></tr> </tbody> </table>	Person No.	Name	4036		4038		4040		4042		4044		4046		4048		4050		4052		4054	
Person No.	Name																						
4036																							
4038																							
4040																							
4042																							
4044																							
4046																							
4048																							
4050																							
4052																							
4054																							
CHECK ITEM A6 Is this ISS code "8"?	4056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45																						
7a. What type of Veterans' payments did . . . receive?	4058 Service connected 1 <input type="checkbox"/> Disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments																						
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	4060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45																						
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.) <small>(SHOW FLASHCARD O)</small>	4064 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																						
b. Do . . . 's payments usually come on the first of the month or the third?	4066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK																						
CHECK ITEM A7 Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45																						
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td><td style="width: 50%; vertical-align: top;"> 9b. If "Yes" in item 9a — How much was received? 4072 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td></tr> <tr> <td style="vertical-align: top;"> (2 months ago) </td><td style="vertical-align: top;"> 4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td><td style="vertical-align: top;"> 4076 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td></tr> <tr> <td style="vertical-align: top;"> (3 months ago) </td><td style="vertical-align: top;"> 4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td><td style="vertical-align: top;"> 4080 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td></tr> <tr> <td style="vertical-align: top;"> (4 months ago) </td><td style="vertical-align: top;"> 4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td><td style="vertical-align: top;"> 4084 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td></tr> </table>	4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 4072 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(2 months ago)	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4076 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(3 months ago)	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4080 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	(4 months ago)	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4084 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.											
4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? 4072 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																						
(2 months ago)	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4076 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																					
(3 months ago)	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4080 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																					
(4 months ago)	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4084 \$ <input style="width: 60px;" type="text"/> .00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																					
10a. Were all children living here covered by these payments? <small>VERIFY IF ONLY ONE CHILD OR ASK —</small>	4086 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No																						

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
10b. Which children were covered?	Person No.	Name
	4088	
	4090	
	4092	
	4094	
	4096	
	4098	
SKIP to next ISS Code or Check Item P1, page 45		
11a. Were all the people living here covered under ...'s food stamp allotment?	4100	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	4102	
	4104	
	4106	
	4108	
	4110	
	4112	
	4114	
	4116	
12a. Did ... receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for inflation in July and October. (Last month) (2 months ago) (3 months ago) (4 months ago)	4122 4126 4130 4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
12b. If "Yes" in item 12a, ask — What was the total amount?		
4124 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
4128 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
4132 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
4136 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
SKIP to next ISS Code or Check Item P1, page 45		
13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	4138 4140 4142 4144	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	4146	
	4148	
	4150	
	4152	
	4154	
SKIP to next ISS Code or Check Item P1, page 45		

Section 3 — AMOUNTS (Continued)

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102 and 103)

CHECK ITEM A8

Asset types owned.
Mark (X) all that apply.

- 4300** 1 ☐ ISS Code 100 — Regular/Passbook Savings Accounts
- 4302** 2 ☐ ISS Code 101 — Money Market Deposit Accounts
- 4304** 3 ☐ ISS Code 102 — Certificates of Deposit or other Savings Certificates
- 4306** 4 ☐ ISS Code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)

1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

CHECK ITEM A9

Interview status of . . . 's spouse.

- 4308** 1 ☐ No spouse in household — *SKIP to 3b*
- 2 ☐ Interview for spouse not yet conducted
- 3 ☐ Interview for spouse already conducted — *SKIP to 3a*

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

- 4310** 1 ☐ Yes
- 2 ☐ No — *SKIP to 3b*

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

- 4312** \$. 00 — *SKIP to 3a*
- x3 ☐ None — *SKIP to 3a*
- x1 ☐ DK
- x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?

- 4314** \$. 00 — *SKIP to 3a*
- x1 ☐ DK
- x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

- 4316** 1 ☐ Yes — *Mark Reminder Card and Callback Summary, Item 5*
- 2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

- 4318** 1 ☐ Yes
- 2 ☐ No — *SKIP to next ISS Code or Check Item P1, page 45*

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

- 4320** \$. 00 — *SKIP to next ISS Code or Check Item P1, page 45*
- x3 ☐ None — *SKIP to next ISS Code or Check Item P1, page 45*
- x1 ☐ DK
- x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?

- 4322** \$. 00 — *SKIP to next ISS Code or Check Item P1, page 45*
- x1 ☐ DK
- x2 ☐ Ref. — *SKIP to next ISS Code or Check Item P1, page 45*

d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

- 4324** 1 ☐ Yes — *Mark Reminder Card and Callback Summary, Item 6*
- 2 ☐ No
- SKIP to next ISS Code or Check Item P1, page 45*

NOTES

Section 3 – AMOUNTS (Continued)	
Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106 and 107)	
CHECK ITEM A10	Asset types owned. Mark (X) all that apply.
	<div><div>4400</div><div><input type="checkbox"/> ISS code 104 – Money Market funds</div></div> <div><div>4402</div><div><input type="checkbox"/> ISS code 105 – U.S. Government securities</div></div> <div><div>4404</div><div><input type="checkbox"/> ISS code 106 – Municipal or corporate bonds</div></div> <div><div>4406</div><div><input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify↓</div></div>
1. Earlier you said that ... owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.	
CHECK ITEM A11	Interview status of ...'s spouse.
	<div><div>4408</div><div><input type="checkbox"/> No spouse in household – SKIP to 3b</div></div> <div><div></div><div><input type="checkbox"/> Interview for spouse not yet conducted</div></div> <div><div></div><div><input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a</div></div>
2a. Did ... own any of these jointly with ...'s (husband/wife)?	
	<div><div>4410</div><div><input type="checkbox"/> Yes</div></div> <div><div></div><div><input type="checkbox"/> No – SKIP to 3b</div></div>
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?	
	<div><div>4412</div><div>\$</div><div></div><div>00</div><div>– SKIP to 3a</div></div> <div><div>x3</div><div><input type="checkbox"/> None – SKIP to 3a</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45</div></div>
c. What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period?	
	<div><div>4414</div><div>\$</div><div></div><div>00</div><div>– SKIP to 3a</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45</div></div>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	
	<div><div>4416</div><div><input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 7</div></div> <div><div></div><div><input type="checkbox"/> No</div></div>
3a. Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... own any other (Read asset types)?	
	<div><div>4418</div><div><input type="checkbox"/> Yes</div></div> <div><div></div><div><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45</div></div>
b. What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?	
	<div><div>4420</div><div>\$</div><div></div><div>00</div><div>– SKIP to next ISS Code or Check Item P1, page 45</div></div> <div><div>x3</div><div><input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 45</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45</div></div>
c. What is your best estimate of the average amount that ... had in these (Read asset types) during the 4-month period?	
	<div><div>4422</div><div>\$</div><div></div><div>00</div><div>– SKIP to next ISS Code or Check Item P1, page 45</div></div> <div><div>x1</div><div><input type="checkbox"/> DK</div></div> <div><div>x2</div><div><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45</div></div>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	
	<div><div>4424</div><div><input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 8</div></div> <div><div></div><div><input type="checkbox"/> No</div></div> <div><div>} SKIP to next ISS Code or Check Item P1, page 45</div></div>
NOTES	

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)

4500 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to 3a*

**CHECK
ITEM A12**

Interview status of . . . 's spouse.

4502 1 ☐ No spouse in household – *SKIP to 2a*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – *SKIP to 2a*

1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?

4504 \$. 00 – *SKIP to 2a*
x3 ☐ None – *SKIP to 2a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

C. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4506 1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 9*
2 ☐ No

2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?

4508 \$. 00 – *SKIP to 3a*
x3 ☐ None – *SKIP to 3a*
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)

4510 1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 10*
2 ☐ No

3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?

4512 1 ☐ Yes
2 ☐ No } *SKIP to next ISS Code or Check Item P1, page 45*
x1 ☐ DK

**CHECK
ITEM A13**

Interview status of . . . 's spouse.

4514 1 ☐ No spouse in household – *SKIP to 3c*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – *SKIP to 3c*

3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?

4516 \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 45*

C. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?

4518 \$. 00 } *SKIP to next ISS Code or Check Item P1, page 45*
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 3 — AMOUNTS (Continued)	
Part E — RENTAL INCOME (ISS Code 120)	
1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)? <i>Include only property owned entirely by couple.</i>	
	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c. What is your best estimate of the amount that was cleared after expenses?	4606 \$ <input type="text"/> . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 4608 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name?	
	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c. What is your best estimate of the amount that was cleared after expenses?	4614 \$ <input type="text"/> . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 4616 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)	
	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 45</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	4620 \$ <input type="text"/> . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 4622 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
<div>NOTES</div> <div>SKIP to next ISS Code or Check Item P1, page 45</div>	

Section 3 – AMOUNTS (Continued)

Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS (ISS Codes 130, 140, and 150)

CHECK ITEM A15	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Is ISS Code 130 marked in Check Item A15?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A17	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
b.	During the past 4 months how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2a.	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Is ISS Code 140 or 150 marked in Check Item A15?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	4720 4722	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Lost money – Enter amount of loss in box

NOTES

Section 4 — PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
1a. What is your monthly rent?		4804	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>		4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-left: 5px;">00</div> </div> x1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
3a. Do any of the children in this household usually receive a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
b. How many children?		4830	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
c. How many complete school lunches do all of the children receive per week?		4832	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Number of lunches</div> </div> x1 <input type="checkbox"/> DK
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f
e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?		4836	1 <input type="checkbox"/> Free lunch — SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> </div> x1 <input type="checkbox"/> DK
g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 47
h. How many children?		4842	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Children</div> </div>
i. How many complete school breakfasts do all of the children receive per week?		4844	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Number of breakfasts</div> </div> x1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?		4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

